

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED AUG 1 1963

Primary Registration District No.

1003

Registrar's No.

7662-63-030533

STATE FILE NUMBER

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

77

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4612A St. Ferdinand	
3. NAME OF DECEASED (Type or print) First William Middle Solomon Last		4. DATE OF DEATH Month 7 Day 23 Year 63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/11/1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		11. BIRTHPLACE (City and state or country) Ga U. S. A.	
13a. FATHER'S NAME Adam Solomon		13b. MOTHER'S MAIDEN NAME Roby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Rev Gain Solomon 4612 A St. Ferdinand	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal Bleeding Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mesentery Artery Thrombosis (Suspected) DUE TO (c) 5-702 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Hemorrhage & Generalized Arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 1:40 a.m. 7-23-63 Month, Day, Year.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. ADDRESS	
21. I attended the deceased from 6-25-63 to 7-23-63 and last saw him alive on 7-23-63 Death occurred at 1:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. H. Utley, M.D.	
22b. ADDRESS 2601 N. Whittier		22c. DATE SIGNED 7-24-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 30 '63	
23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24. FUNERAL DIRECTOR C. P. Roemer		25. DATE REC'D. BY LOCAL REG. JUL 25 1963	
ADDRESS 1221 N. Grand Blvd.		26. REGISTRAR'S SIGNATURE David Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 755

P. O. Address 1221 N. Grand Blvd.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.